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CONFIRMATION NO. 7379

<b>SERIAL NUMBER</b> 09/866,961	<b>FILING OR 371(c) DATE</b> 05/30/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1618	<b>ATTORNEY DOCKET NO.</b> 20595.160
<b>APPLICANTS</b> Barbara S. Slusher, Kingsville, MD; Krystyna Wozniak, Bel Air, MD;				
** CONTINUING DATA ***** This appln claims benefit of 60/207,320 05/30/2000				
** FOREIGN APPLICATIONS *****				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> ** 07/25/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no		<b>STATE OR COUNTRY</b> MD	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 49
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <i>Eubank Foy</i> <i>Z.F.</i> Examiner's Signature Initials		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 59223				
<b>TITLE</b> Naaladase inhibitors for treating retinal disorders and glaucoma				
<b>FILING FEE RECEIVED</b> 616	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	